The North Dakota Adolescent Suicide Prevention Project

Project Director: Mark LoMurray, 701-471-7186, Email outreach@btinet.net
Fiscal Agent: Mental Health Association in North Dakota

A Blended Approach to Prevention

The North Dakota Adolescent Suicide Prevention Project has taken a holistic approach toward suicide prevention blending three overall strategies.

- **Awareness/Education/Stigma Reduction**
- **Increase Treatment Access**
- **Resiliency and Asset Building**

The North Dakota experience has led to a prevention philosophy that believes education, treatment access, and resiliency strategies are interwoven – one impacts the other. Also that increasing strengths and protective factors is as important as being risk focused. This is significant in tribal and rural communities that have experienced risk factor statistics as discouraging rather than empowering.

History

1998 -14 North Dakotans participate in SPAN Conference helping developing 1st national suicide prevention plan

1999 - ND Adolescent Suicide Prevention Task Force formed

- Initial state surveys, data analysis completed
- 1st North Dakota state plan developed with recommendations

2000 - Awareness Phase

- Mental Health Assoc. in North Dakota lead agency in grant project ($75,000 ND CSCC)
- All of North Dakota state regions and tribal areas receive awareness and planning workshops
- 126 workshops to 2600 participants

2001 Action Phase

- Implementation of five core strategies
- 145 workshops to 3200 participants
- $75,000 grant ND CSCC

2002 Capacity Building

- Three regions fund part time suicide prevention coordinators
- Funding $80,000 from five grant sources to continue state coordination efforts

2003 Integration

- 8 rural and tribal mentoring coordinators hired - $180,000 a year Safe and Drug Free School grant through 2005
- Train the trainer sessions continue
- Developing system (rapid community mobilization) of targeted prevention response to suicide contagion or impact areas
- Continue pursuing pilot project for home-base tracking in rural and tribal settings
- ND legislature turns down request for suicide prevention coordinator in ND Health Dept. budget – continue to fund through grants
- 175 workshops/technical assistance sessions to over 4500 participants to date in 2003

2004 Funding – Research – Capacity Building

- Prevention research grant pursued through United Tribes
- ND Suicide Prevention Conference to focus on action efforts
- Expand state suicide prevention plan to include all ages
- Involve stakeholders, survivors in legislative funding effort
- Regional training the trainer around gatekeeper, mentoring, teen-led efforts, support groups, screening efforts, and crisis response through rapid community mobilization.
- Expand infrastructure through partnerships with local, regional, statewide groups.

Outcomes

- A four year trend since the start of the project shows a sustained 47% reduction in ND 10-19 year suicide fatalities, compared to the ten year average in the 1990's.
- North Dakota Youth Risk Behavior Survey's comparing years 1999 to 2003 9^{th} -12^{th} grade responses to suicide questions: 29% reduction in teens having seriously thought about suicide, 20% reduction in teens having made a suicide plan, 20% reduction in teens having made suicide attempt needing medical attention, 7% increase in teens having made suicide attempts.
- Every state and tribal region has initiated at least 2 of 5 recommended strategies.
- 32,000 participants have attended suicide prevention awareness and action workshops
- 6700 key teen leaders have received a Peer Gatekeeper training involving over 90 teen-led prevention projects
- Three phase "peer gatekeeper curriculum" developed, implemented, and dispersed.
- 35 new teen-led prevention projects received start-up training – 15 in tribal communities
- 8000 professionals received updated training on suicide intervention and prevention strategies (physicians, nurses, pastors, law enforcement, EMT's, residential treatment and detention, school staff, recreation programs, and mental health specialists)
- 26 new schools and communities are implementing screening strategies – Prairie Screening Project partnership, National Depression Screening Day, plus targeted screening groups.
- 9 new mentor coordinators have been hired with mentor teams starting in 20 tribal communities and 5 rural communities
- 250 new mentors have been matched with 400 youth at present – 300 youth are Native American with 175 mentors being Native American
- Workshop satisfaction has averaged 8.8 of 10 being very helpful.
- 4 state or tribal regions have hired part-time suicide prevention coordinators working on recommended core strategies
- Over 95 tribal and rural entities have signed coalition agreements and belong to councils working on specified mentoring and suicide prevention activities.
- Over 50 Native American Injury Prevention students have been trained on suicide prevention strategies and are being placed in numerous tribal communities. Suicide prevention is becoming part of their core curriculum.
- 60 third year UND medical students have participated in year long mentoring to teens, received training on science-based substance abuse and suicide prevention, and holistic suicide interventions.
- Adolescents involved in the medical student mentoring project showed a 35% reduction in suicidal ideation and 38% reduction in feelings that their families did not care about them.
- Eight detention centers, attendant care sites, and residential centers have updated their suicide response protocol.

Targeted Populations

Adolescents and young adults became the primary focus for North Dakota's suicide prevention efforts with data indicating suicide fatalities for 10-24 year olds at almost twice the national rate. North Dakotan's of all ages rated 26^{th} nationally and North Dakota suicide fatalities for elderly were significantly under the national average. Males made up 85% of all suicide fatalities and Native American youth and young adults were 35% of the suicide fatalities while representing only 8% of North Dakota's youth. In 2004 the North Dakota Suicide Prevention Task Force will rewrite the state plan to address goals and objectives for all ages related to suicide.

Public Awareness – Education – Stigma Reduction - Gatekeeper Training

Over 32,000 have participated in workshops and technical assistance sessions to implement recommended suicide prevention strategies. Of primary focus for awareness sessions, gatekeeper training, or professional training has been to initiate the following.

- Present audiences with facts and up to date data and research related to North Dakota's suicide.
- Reduce stigma associated with mental health disorders and treatment.
- Expand suicide knowledge beyond depression awareness to include other risk factors and protective factors.
- Expand professionals response to include a multilevel intervention approach based on multiple *Sources of Strength*.
- Present interventionists with research and training on "common errors."
- Provide strategies that encouraged efforts beyond one-shot awareness and move postvention crisis teams toward activating local community mobilization and long term natural helper support.
- Community and peer gatekeeper training should address basic steps of intervention and referral with a significant emphasis on addressing 'codes of silence' for youth/young adult audiences. The project's own Peer Gatekeeper Curriculum, QPR, and Yellow Ribbon are the most commonly used in the state.

Teen-led Efforts in Suicide Prevention

Over 6700 teens have been trained with 35 new teen-led startup efforts involving teens in ongoing prevention efforts. Our focus has encouraged a **three phase effort** – one phase leading to the other.

1. Peer Gatekeeper – an interactive four hour curriculum developed to address "codes of silence" and partnering with adults
2. Peer to peer messages on risk factors, protective factors, codes of silence, and where to get help
3. Long-term teen-led prevention efforts that had five clear benchmarks (training, supervision, planning input, clear mission and role, and recognition.

Screening

Universal and targeted screening strategies have been initiated in 26 new schools, 8 detention or youth facilities, and over 400 faith-based youth leaders, pastors, and spiritual leaders have received training on screening tools. Physicians and medical students have received training on new clinic friendly tools.

- A screening toolkit packet with a variety of screening devices have been regularly distributed.
- Partnership with Colombia Teen Screen and DISC-R – Prairie Screening Project
- Addressing significant stigma issues around screening with comparison to hearing and vision tests.

Mentoring

North Dakota's suicide prevention efforts have linked the very promising research on mentoring for violence and substance abuse with suicide issues. Initial efforts to start rural and tribal mentoring were linked with significant basic infrastructure problems so the North Dakota Mentoring Partnership was formed to provide the core components identified in research on successful mentoring.

- 9 mentor coordinators have been hired for five tribal areas and two rural areas of the state
- Teens, adults, and elders are being actively recruited to mentor in school, community, faith-based, and cultural models.
- From March 2003 – March 2005 over 275 mentors to 400 youth have been matched with 175 of these mentors from tribal communities.

Home-Based Tracking

Approximately 50% of youth and young adults having medical contact due to a suicide attempt in rural and tribal North Dakota receive no services two weeks later. Significant promise has been shown in tribal communities around home-based tracking models for pre and post natal support, asthma, and diabetes. Funding for a pilot program is being pursed.

- On Standing Rock an initial short term project has been funded and initial training of home-based workers has started. (April 2005)

Support Groups

The project through MHAND has provided technical assistance in the startup of a dozen support groups throughout the state. These groups vary from depression, survivor, talking circle groups, and groups addressing trauma. They can be sponsored by community, faith, or schools, but have the primary purpose of provided emotional support and a caring community to support them. These would not be considered therapy groups, but rather support groups. The North Dakota HELPLINE regularly monitors and refers individuals to a variety of support groups throughout the state. We presently have 33 support groups statewide and would like to expand to 50 by the end of the year.

Statewide Hotline (2-1-1) and Resource Center

The Mental Health Association in North Dakota (MHAND) just celebrated it's 50th anniversary and provides a statewide HELPLINE (701-472-2911) answered in person 24 hours per day. The HELPLINE has an extensive data system which provides local referral and resources to individuals needing assistance whether of a crisis or informational nature. The HELPLINE has just been chosen to expand and become North Dakota's 2-1-1 system. The MHAND Resource Center also carries an extensive system of several thousand types of pamphlets or print materials and over 500 videos related to mental health and youth related issues.

Crisis Response – Postvention Focus

We are encouraging schools and community's to have a Crisis Response Plan in place that enables communities to responds to traumatic events and tragic fatalities that impact the school or a community. Sample models of written crisis response plans are available upon request from the Mental Health Association in North Dakota. We are strongly encouraging crisis teams to move beyond a single session critical incident debriefing model and focus on long term support. A model in which medical and mental health experts partner with local natural helpers to provide long term support to impacted individuals and families.

In areas dealing with potential contagion or pandemic suicide situations we strongly encourage a **"rapid community mobilization model"** which encourages whole communities to gather quickly after a second or third "area suicide fatality." This community response moves beyond the traditional mental health and school response and encourages involvement of youth leaders, parents, elders, spiritual communities, 1st responders, health, mental health, media, business, and school. A series of recommendations are mentioned in the *North Dakota Suicide Prevention Newsletter – short term crisis response.* In tribal areas a suicide prevention door to door campaign is encouraged using trained teen and parent leaders from the local community.

Human Service Center's and Indian Health Services have mental health professionals available in all of the regional and tribal areas of the state and are encouraged as an immediate point of contact. The statewide HELP-LINE or 2-1-1 System will provide access to these regional and local support number's 24 hours per day.

Treatment Access – Hospitalization and Jailing vs. Community Support

It is estimated that less than half of individuals that contact our medical systems due to a suicide attempt in rural and tribal communities are still receiving services two weeks later. Millions of dollars are spent hospitalizing individuals in urban centers of the state when other cost efficient community-based efforts go undeveloped. It is not uncommon for suicidal teens to be jailed in our tribal communities due primarily to a lack of other facilities. Some cost efficient alternatives.

- **Attendant Care** – is a cost efficient system to provide a 24-36 hour watch and care system for youth that are not at the highest level of suicide risk. It simply requires a room, couch/bed, and television with one or two trained attendants to sit with youth that are struggling with family issues, non-delinquent behavior, or suicide thoughts.
- **Day Treatment** – partnered with schools, clinics, addiction and mental health programs day treatment can provide more intensive care, treatment, and support without the cost and expense of hospitalization.
- **Addiction and mental health treatment halfway homes** – The lack of addiction counselors and mental health staff in tribal communities is particularly disturbing. Most tribal areas could benefit from a treatment effort that provided a caring supportive community for up to 30-60 days similar to a halfway home. This would allow traditional cultural and faith-based supports to work closely with treatment efforts and help transition individuals back into local natural supports.
- **School/Community Based** – Mental health professionals should be woven into school and community-based settings to reduce many of the transportation and stigma issues associated with mental health and suicide issues. While it is not the school's role to provide mental health treatment, the school provides the most easy access to many youth struggling with suicide issues which impedes their academic success. A partnership between school, mental health, and community supports in which individual, group, and family treatment can be provided in school settings greatly increases the likelihood of individuals receiving needed care.
- **HomeBased Services** – Woven through all of these services should be skilled para-professionals provided home-based support and follow-up working with not only identified patients, but whole family and relation systems. In rural and tribal settings skilled empathetic home-workers can provide much needed care and support to suicidal individuals, but also to parents, brothers and sisters who are struggling with the same issues, and extended kinship systems. These home workers are critical in maximizing the mental health dollars and building bridges between institutional treatment and natural helpers and healers within the communities.

Circle of Support – Suicide Prevention Action Strategies